## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

See <b>Order</b> for proposed schedule and charges.	See <b>Invoice</b> for actual schedule and charges.		
, Candice Rastede	, hereby request station time as follows:		
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE E OR LOCAL CANDIDATE		
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED		
Candidate name:			
Sändra Washington			
Authorized committee:			
Washington for Lincoln			
Agency requesting time (and contact information):			
N/A BCom Solutions (candice@bcomonline.com)			
Candidate's political party:			
Democrat			
Office sought (no acronyms or abbreviations):			
City Council			
Date of election: May 4, 2021	✓ General Primary		
Treasurer of candidate's authorized committee:	TO CONTROL OF THE PROPERTY OF		
Cheryl Schoneweiss			
The undersigned represents that:			
(1) the payment for the broadcast time requested has been fur	nished by (check one box below):		
the candidate listed above who is a legally qualified candidate, or			
the authorized committee of the legally qualified candidate listed above;			
(2) this station is authorized to announce the time as paid for by such person or entity; and			
(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.			
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.			
Candidate/Committee/Agency	Station Representative		
Signature:	Signature:		
Candice Rastede	pry		
Name: Candice Rastede	Name: Kathe Philipp'i  Date of Station Agreement to Sell Time: 4/29/27		
Date of Request to Purchase Ad Time: April 30, 2021	Date of Station Agreement to Sell Time: 4/27/27		

Federal Candidate Certification:  The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.				
Candidate/Authorized Committee/A	\gency			
Signature:  Candice Rastede				
Name: Candice Rastede				
Date: April 29, 2021				
ТО	BE COMPLETED BY STATION ON	NLY		
Ad submitted to Station? Yes	No /			
Date ad received:	4/29/21			
Federal candidate certification signed (ab	ove): Yes No	N/A		
Disposition:  Accepted  Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*  Rejected – provide reason (optional):  *Upload partially accepted form, then promptly upload updated final form when complete.				
Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):				
Contract #: 554299	Station Call Letters: KFOR Digital	Date Received/Requested:		
Est. #:	Station Location:	Run Start and End Dates: 4 30-5 1 2		
Upload order, this form and invoice (or trause this space to document schedule of tip purchased or attach separately. If station vof a contact person who can provide that the OPIF.	me purchased, when spots actually aired, t will not upload the actual times spots aired	the rates charged and the classes of time d until an invoice is generated, the name		
		in the second se		

## CONTRACT



Alpha Media 3800 Cornhusker Highway Lincoln, NE 68504 (402) 466-1234

And:

Pol21/Washington for City Council - BCom **Attention: Candice Rastede** 7470 O Street Suite 150 Lincoln, NE 68508

	554299	/	Alt Order	<u>#</u>
Advertiser			Original Date	/ Revision
Pol21/Washington for Cit	y Council - B	Com	04/29/21	/ 04/29/21
Contract Dates	Estimate #	•		
04/30/21 - 05/02/21				
Product KFOR Website Takeover/	Pushdown			
	Billing Cycle	Billing C	Calendar	Cash/Trade
	EOM/EOC	Broadca		Cash
	Property	Accoun	t Executive	Sales Office
	KFOR-AM	House L	_incoln	Local-Lincoln

Special Handling Demographic Households Agy Code Advertiser Code Product 1/2 Advertiser Ref Agency Ref

<b>DFORA</b>				Imp.			
*Line	Start Date	End Date	Description	Booked	Rate	Rate Type	e Amount
N 1	04/30/21	04/30/21	Homepage Takeover	0	\$350.00	CPD	\$350.00
N 2	05/01/21	05/01/21	Homepage Takeover	0	\$350.00	CPD	\$350.00
N 3	05/02/21	05/02/21	Homepage Takeover	0	\$350.00	CPD	\$350.00

\$1,050.00 Totals 0

Time Period	Gross Amount	Net Amount	
04/26/21 -05/02/21	\$1,050.00	\$1,050.00	
Totals	\$1,050.00	\$1,050.00	

Signature:	Date: